



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

March 8, 2006

**Subject: Your Solid Waste Annual Report and Regulatory Fees are Due May 1**

State law requires you to file an annual report and pay regulatory fees to the Washington Utilities and Transportation Commission.

**What is required of me?**

By May 1, you must:

- Complete and file the enclosed 2005 annual report form
- Pay your 2006 regulatory fees

Failure to file your annual report or pay regulatory fees by May 1 will result in a penalty and possible cancellation of your permit to operate in Washington. This is the only notice you will receive from the commission.

**What happens if I do not pay my regulatory fees by May 1?**

If regulatory fees are not paid by May 1, you will incur:

- a 2 percent penalty on the amount due; and
- a 1 percent monthly interest charge on the unpaid balance.

**Can I request an extension of time if I am unable to file the annual report by May 1?**

Yes, you must provide the request in writing, including a valid reason for the extension by May 1. We will notify you when your request is approved or denied. You will still be liable for penalty and interest payments if you fail to pay your regulatory fees by May 1. If you are late filing your annual report or fail to file, you could incur additional penalties up to \$100 a day.

**Where do I mail the completed annual report form and regulatory fee payment?**

Washington Utilities and Transportation Commission  
PO Box 47250  
Olympia, WA 98504-7250



March 8, 2006  
Page 2

**Where can I obtain an electronic version of the annual report?**

Forms are available on our website at [www.wutc.wa.gov](http://www.wutc.wa.gov). Locate "Quick Links" then select "2005 annual reports".

**Who do I contact if I have questions?**

You may call 360-664-1201 or e-mail us at: [annualreports@wutc.wa.gov](mailto:annualreports@wutc.wa.gov). If you need this information in an alternate format, please call 360-664-1133. TTY Toll Free phone number is 1-800-416-5289 or 360-586-8203.

Sincerely,

A handwritten signature in black ink, appearing to read "Carole J. Washburn". The signature is fluid and cursive, with the first name "Carole" being more prominent.

Carole J. Washburn  
Executive Secretary

Enclosures

2  
0  
0  
5

**CLASS A & B  
SOLID WASTE COLLECTION COMPANIES  
ANNUAL REPORT**

Full name and address of Company

Correct name and address, if different than shown

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION  
for the  
YEAR ENDED DECEMBER 31, 2005**

<b><u>TYPE OF PAYMENT</u></b> (DO NOT SEND CASH IN THE MAIL)															<b><u>For Commission Use Only</u></b>									
____ Check ____ Money Order ____ AMEX ____ Visa ____ MasterCard															Payment ID #: _____									
Credit Card Number:															Expiration Date Month/Year									
<b>CERTIFICATION:</b> I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the company, and that I agree to pay the above total amount according to the card issue agreement.																								
Name (Printed): _____															Title: _____									
Signature: _____															Date: _____									

<b><u>For Commission Use Only</u></b>	
Reception Number: _____	001-111-02-68-227-11: _____ Ref. No. _____
001-111-02-68-227-01: _____	001-111-02-68-032-05: _____

Original form to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250  
Web Site: [www.wutc.wa.gov](http://www.wutc.wa.gov)

## CERTIFICATION

I certify that I, \_\_\_\_\_, the responsible official for  
\_\_\_\_\_ (company) have examined the  
attached report; that to the best of my knowledge, information, and belief all statements of fact  
contained in said report are true, and said report is a correct statement of the business and affairs  
of the above-named respondent (company) in respect to each and every matter set forth therein  
during the period from January 1, 2005 to December 31, 2005, inclusive.

Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SOLID WASTE ANNUAL REPORT

## Schedule 1 – Identification, Organization, and Control

### 1. Company Identification:

Company Name: \_\_\_\_\_ Solid Waste Certificate No. G- \_\_\_\_\_  
D/B/A: \_\_\_\_\_

### 2. Annual Report/Accounting Contact Person:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

### 3. Identifying Numbers:

(a) Washington Unified Business Identifier (UBI) No.: \_\_\_\_\_  
(Contact Washington Department of Licensing at 360-664-1400 for information)

(b) United States Department of Transportation (USDOT) No.: \_\_\_\_\_

### 4. Type of Business Structure (check that which applies):

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other (S-Corp, LP, LLP, LLC, etc.)

### 5a. List the name, title, and percentage of partner's share or stock distribution of 5 major stockholders:

Name	Title	Percent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5b. Total number of stockholders at year's end: \_\_\_\_\_

### 6. List the name, title, and address of officers:

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Schedule 2 – Insurance, Safety, and Accident Information

Name of Current Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Name of Company Operations Officer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Company Safety Officer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Customer Service Officer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Number of commercial motor vehicles operated during the year: \_\_\_\_\_

Number of commercial vehicle drivers employed during the year: \_\_\_\_\_

Number of recordable (*see note below*) accidents during the year: \_\_\_\_\_

Total cost of recordable accidents during the year (net of insurance): \$ \_\_\_\_\_

Total number of miles operated during the year: \_\_\_\_\_

*Note:* A recordable accident is defined as an occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce that results in one or more of the following:

1. A fatality,
2. Injury to a person requiring treatment away from the scene of the accident, or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

# Schedule 3A – Comparative Balance Sheet – Total Company

**Instructions:** Complete this Balance Sheet in accordance with the beginning and end-of-year ledger figures as reflected in company books of account.

Line No.	Account Names (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)
	<b>Current Assets:</b>		
1	Cash and Working Funds		
2	Special Deposits		
3	Temporary Cash Investments		
4	Notes Receivable		
5	Receivables from Affiliated Companies		
6	Accounts Receivable		
7	Less: Allowance for Uncollectables		
8	Net Accounts Receivable		
9	Prepayments		
10	Materials and Supplies		
11	Other Current Assets		
12	Total Current Assets		
	<b>Tangible Property:</b>		
13	Solid Waste Operating Property (Sched. 3C, Line 13)		
14	Less: Accumulated Depreciation (Sched. 3C, Line 25)		
15	Net Solid Waste Operating Property		
16	Non-Operating Property		
17	Less: Accumulated Depreciation		
18	Net Non-operating Property		
19	Total Net Tangible Property		
	<b>Intangible Property:</b>		
20	Organization, Franchises, and Permits		
21	Accumulated Amortization – Credit		
22	Other Intangible Property		
23	Accumulated Amortization – Credit		
24	Total Net Intangible Property		
	<b>Other Assets and Deferred Items:</b>		
25	Investment and Advances		
26	Undistributed Earnings from Subsidiaries		
27	Deferred Debits		
28	Other Assets		
29	Total Other Assets and Deferred Items		
30	<b>Total Assets (Lines 12, 19, 24 and 29)</b>		

## Schedule 3B – Comparative Balance Sheet – Total Company

**Instructions:** Complete this Balance Sheet in accordance with the beginning and end-of-year ledger figures as reflected in company books of account.

Line No.	Account Name (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)
	<b>Current Liabilities:</b>		
1	Notes Payable		
2	Payables to Affiliated Companies		
3	Accounts Payable		
4	Salaries and Wages Payable		
5	Accrued Taxes		
6	Current Portion of Long Term Debt (Equip. and Other)		
7	Other Current Liabilities		
8	<b>Total Current Liabilities</b>		
	<b>Long Term Debt After 1 Year:</b>		
9	Equipment Obligations		
10	Other Long Term Debt		
11	Unamortized Premium/Discount on Debt – (net)		
12	<b>Total Long Term Debt Due After 1 year</b>		
	<b>Deferred Credits and Other Items:</b>		
13	Deferred Credits		
14	Other Credits		
15	<b>Total Deferred and Other Credits</b>		
16	<b>Total Liabilities (Lines 8, 12, and 15)</b>		
	<b>Shareholder's and Proprietor's Equity:</b>		
17	Capital Stock		
18	Capital Stock		
19	Paid in Capital in Excess of Par		
20	Other Capital		
21	<b>Total Capital Stock</b>		
22	Proprietor's Capital		
23	Sole Proprietor's Capital		
24	Partnership Capital		
25	<b>Total Proprietor's Capital</b>		
26	Retained Earnings		
27	<b>Total Equity (Lines 21 and 25, or 26)</b>		
28	<b>Total Liabilities and Equity (Lines 16 and 27)</b>		



# Schedule 3C – Total Company Solid Waste Operating Property

**Instructions:** Classify regulated and non-regulated fixed assets and reserves in company books of account, including those related to disposal and transfer stations facilities, into the categories listed below. Non-operating related items should be excluded from this schedule and instead shown in total in Schedule 3A, Lines 16-18.

Line No.	Acct. (a)	Fixed Assets (b)	Balance at Beginning of Year (c)	Balance at Close of Year (d)
1	1211	Land		
2	1212	Structures		
3	1222	Solid Waste Collection Equipment		
4	1224	Bins, Containers, Toters, Drop Boxes, etc.		
5	1226	Disposal/Landfill/Transfer Station Facilities and Equipment		
7	1230	Service Cars and Equipment		
8	1240	Shop and Garage Equipment		
9	1250	Office Furniture and Fixtures		
10	1270	Leasehold Improvements		
11	1280	Other Solid Waste Operating Property		
12		Total		

Line No.	Acct. (a)	Accumulated Depreciation (b)	Balance at Beginning of Year (c)	Balance at Close of Year (d)
13	1213	Structures		
14	1223	Solid Waste Collection Equipment		
15	1225	Bins, Containers, Toters, Drop Boxes, etc.		
16	1227	Disposal/Landfill/Transfer Station Facilities and Equipment		
17	1231	Service Cars and Equipment		
18	1241	Shop and Garage Equipment		
19	1251	Office Furniture and Fixtures		
20	1271	Leasehold Improvements		
21	1281	Other Solid Waste Operating Property		
22		Total		

(Mark the schedule below that applies to this report)

\_\_\_\_\_ Schedule 4A – Sole Proprietor's Capital

\_\_\_\_\_ Schedule 4B – Partnership Capital

**Instructions:** Non-incorporated Companies show the requested information concerning the items included in their Proprietor or Partner Equity Accounts during the year.

Line No.	Description (a)	Total (b)
1	Balance at Beginning of Year	
2	Net Income (Loss) from Current Period	
3	Additional Investments During Year	
4	Other Credits and Additions (Specify)	
5		
6		
7	Withdrawals and Disbursements	
8	Other Debits and Reductions (Specify)	
9		
10		
11	Balance at Year End	

Schedule 4C – Corporate Retained Earnings

**Instructions:** Corporations show the requested information concerning the items included in their Retained Earnings Account during the year.

Line No.	Description (a)	Total (b)
12	Balance at Beginning of Year	
13	Net Income (Loss) from Current Period	
14	Dividend Appropriations	
15	Other Debits and Reductions (Specify)	
16		
17		
18	Other Credits and Additions (Specify)	
19		
20		
21	Balance at Year End	

## Schedule 5 – Income Statement

**Instructions:** Complete this Total Company Income Statement in accordance with the end-of-year accumulated figures as reflected in company books of account.

Line No.	Account (a)	Total Company (b)
<b>Revenues</b>		
1	Solid Waste Operating Revenues (Line 12d, Schedule 6A)	_____
2	Other	_____
3	Total Revenues	_____
<b>Expenses</b>		
4	Driver Wages and Benefits	_____
5	Truck Operating Costs	_____
6	Repair and Maintenance	_____
7	Insurance and Safety	_____
8	Disposal and Processing	_____
9	Depreciation	_____
10	Selling and Advertising	_____
11	Office and Administration	_____
12	Management Fees	_____
13	Taxes and Licenses	_____
14	Rents	_____
15	Other Expenses	_____
16	Total Expenses before Other Items	_____
		(add Lines 4 thru 15)
17	Net Income before Other Items	_____
		(Line 3 minus Line 16)
<b>Other Income and Expenses</b>		
18	Other Income/(Loss)	_____
19	Interest, Dividends, and Other Investment Income/(Loss)	_____
20	Distrib./Undistrib. Income/(Loss) from Subsidiaries	_____
21	Interest Expense	_____
22	Other Deductions	_____
23	Extraordinary Items (Net)	_____
24	Total Other Income and Expense	_____
		(add Lines 18 thru 23)
25	Net Income before Federal Income Taxes	_____
		(Line 17 and Line 24)
26	Federal Income Taxes	_____
27	Net Income/(Loss)	_____

## Schedule 6A – Revenues

**Instructions:** Classify revenues reflected in company's books of account for the year into the categories listed below.

Line No.	Account (a)	Regulated Revenue (b)	Non-Regulated Revenue (c)	Total Company Solid Waste Revenue (d)
<b>Garbage Collection</b>				
1	Residential Collection			
2	Commercial Collection			
3	Drop Box/Compactor Collection			
4	Drop Box/Com. Pass Thru Disposal			
5	Other Garbage Collection			
<b>Recycling, Yard Waste, and Medical Waste</b>				
6	Residential Recycling Collection			
7	Multi-family Recycling Collection			
8	Sale of Recycle Commodities			
9	Yard Waste Collection			
10	Medical Waste Collection			
11	<b>Other Revenue</b>			
12	<b>Total Solid Waste Operating Revenue</b>			

## Schedule 6B – Customers

**Instructions:** Provide the requested information for each customer classification as of year-end.

Line No.	Customer Classification (a)	Number of Regulated Customers (b)	Number of Non-Regulated Customers (c)	Total Solid Waste Customers (d)
<b>Garbage Collection</b>				
13	Residential Collection			
14	Commercial Collection			
15	Drop Box and Compactors			
16	Other Garbage Collection			
<b>Recycling, Yard Waste, and Medical Waste</b>				
17	Residential Recycling			
18	Multi-family Recycling			
19	Yard Waste Collection			
20	Medical Waste Collection			
21	<b>Other Customers</b>			
22	<b>Total Customers</b>			

Schedule 7 – Regulated Recycle and Yard Waste Programs  
(Attach additional sheets if necessary)

**7A:** Summarize your **Regulated RESIDENTIAL** recycling program, separately by commodity.

<u>Commodity</u>	<u>Annual Tonnage</u>	<u>Commodity Revenue</u>
Total		

**7B: Summarize your Regulated Multi-family recycling program, separately by commodity.**

<u>Commodity</u>	<u>Annual Tonnage</u>	<u>Commodity Revenue</u>
Total		

**7C: Summarize your Regulated Residential Yard Waste program:**

Yard Waste Annual Tonnage: \_\_\_\_\_

## Schedule 8 – City Contracts

**Instructions:** List each city that the company has had a contract with any time during the reporting year. Place an "X" in each customer classification to which the contract applies. Attach additional sheets, if necessary.

Line No.	City (a)	Residential Garbage (b)	Residential Recycling (c)	Residential Multi- family Recycling (d)	Residential Yard- Waste (e)	Commercial Garbage (f)	Dropbox & Compactor Garbage (g)	Total Contract Revenue (h)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36	Total City Contract Revenue – Total of Column (h):							\$

## Schedule 9A – Garbage Disposal Fees

**Instructions:** If the company does not have the exact number of tons/yards by category, make a reasonable estimate. Attach additional sheets as necessary. Total Pass Through Disposal Expenses should equal Total Pass Through Revenue in Schedule 6A.

Line No	Residential & Commercial			Pass Through			Total Disposal Fees
	Unit Type (a)	No. of Units (b)	\$ Expense (c)	Unit Type (d)	No. of Units (e)	\$ Expense (f)	\$ (g) = (c) + (f)
	Site A (Specify): _____			Basic MSW Disp. Fee \$ _____ per _____ (unit)			
1	Tons	_____	_____	Tons	_____	_____	_____
2	Loose Yds.	_____	_____	Loose Yds.	_____	_____	_____
3	Compact Yds.	_____	_____	Compact Yds.	_____	_____	_____
4	Other	_____	_____	Other	_____	_____	_____
	Site B (Specify): _____			Basic MSW Disp. Fee \$ _____ per _____ (unit)			
5	Tons	_____	_____	Tons	_____	_____	_____
6	Loose Yds.	_____	_____	Loose Yds.	_____	_____	_____
7	Compact Yds.	_____	_____	Compact Yds.	_____	_____	_____
8	Other	_____	_____	Other	_____	_____	_____
	Site C (Specify): _____			Basic MSW Disp. Fee \$ _____ per _____ (unit)			
9	Tons	_____	_____	Tons	_____	_____	_____
10	Loose Yds.	_____	_____	Loose Yds.	_____	_____	_____
11	Compact Yds.	_____	_____	Compact Yds.	_____	_____	_____
12	Other	_____	_____	Other	_____	_____	_____
	Site D (Specify): _____			Basic MSW Disp. Fee \$ _____ per _____ (unit)			
13	Tons	_____	_____	Tons	_____	_____	_____
14	Loose Yds.	_____	_____	Loose Yds.	_____	_____	_____
15	Compact Yds.	_____	_____	Compact Yds.	_____	_____	_____
16	Other	_____	_____	Other	_____	_____	_____
	Site E (Specify): _____			Basic MSW Disp. Fee \$ _____ per _____ (unit)			
17	Tons	_____	_____	Tons	_____	_____	_____
18	Loose Yds.	_____	_____	Loose Yds.	_____	_____	_____
19	Compact Yds.	_____	_____	Compact Yds.	_____	_____	_____
20	Other	_____	_____	Other	_____	_____	_____
21	Sub Total This Page _____						_____

## Schedule 9B – Other Disposal and Processing

**Instructions:** If the respondent does not have the exact number of tons/yards, by category, make a reasonable estimate.  
Attach additional sheets as necessary.

Line No.	Category	Processing/ Disposal Site	No. of Units		Disposal/Processing \$ Expense
	(a)	(b)	Tons (c)	Yds. (d)	(e)
22	Residential Recycling				
23					
24					
25					
26					
27	Multi-Family Recycling				
28					
29					
30					
30					
31					
32	Other Recycling				
33					
34					
35					
36					
37	Yard Waste				
38					
39					
40					
41					
42	Medical Waste				
43					
44					
45					
46					
47	Other Disposal/Processing				
48					
49					
50					
51					
52	Total Of All Disposal and Processing - Sched. 9B, Lines 22(e) through 51(e) +Sched. 9A, Line 21 (g)				



Schedule 10 – Total Company Employee Classification and Compensation

<u>Line No</u>	<u>Employee Classification</u>	<u>Number of Employees</u>	<u>Salary/Wages</u>
1	Drivers and Helpers		\$
2	Mechanics and Service		\$
3	Disposal and Transfer		\$
4	Office and Administration		\$
5	Officers and Directors		\$
6	Other		\$
7	Totals		\$

## REGULATORY FEE CALCULATION SCHEDULE

Company Name \_\_\_\_\_ Annual Report Year 2005

In accordance with RCW 81.77.080 "Regulatory Fees", the Commission requires Solid Waste companies to file reports of gross intrastate operating revenue and pay fees on that revenue. Every company subject to regulation shall file with the Commission a statement under oath showing its gross intrastate operating revenue from operations for the preceding year and pay to the Commission a fee as instructed below.

1 Total Gross Intrastate Operating Revenue **	1	\$
2 Less Non Fee-Paying Revenue (from line 15 below)	2	\$
3 Balance-Adjusted Gross Intrastate Operating Revenue (subtract line 2 from 1)	3	\$
4 Regulatory Fee Calculations:	4	
4a If line 3 is <b>UNDER</b> \$2,000, Enter <b>ZERO</b> (Filing <b>ZERO</b> indicates schedule is complete)	4a	\$

4b If line 3 is <b>OVER</b> \$2,000-enter amount from line 3	4b	\$	x .19 % (.0019)		\$
5 Total Regulatory Fees owed (add lines 4a and 4b)	5	\$			
					Agency Use Only
					001-111-02-68-227-01

### Complete Lines 6 through 9 if filing after May 1

6 Penalties on Regulatory Fees filed after May 1	6				
6a Total Penalties on Regulatory Fees owed - enter amount from line 5	6a	\$	x 2 % (.02)	=	\$
7 Interest on Regulatory Fees filed after May 1	7				
7a Amount from line 5 _____ x Number of months past May _____ x 1% (.01) =	7a	\$			
8 Total Penalties and Interest owed (add lines 6a and 7a)	8	\$			
					Agency Use Only
					001-111-02-68-227-11
9 Total Regulatory, Penalty and Interest Fees Due (add lines 5 and 8)	9	\$			

\*\* Note: Gross Washington intrastate operating revenue is defined as all revenue collected for the year from rates under tariffs on file at the Washington Utilities and Transportation Commission. The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables, subscriber/aggregator commissions or the payment of site charges and state and federal taxes, i.e. "Gross Revenues" means before any deductions from Revenue Receipts.

## SCHEDULE C. NON FEE-PAYING REVENUE

Description	Amount
10.	\$
11.	
12.	
13.	
14.	
15. <b>Total Non Fee-Paying Revenue</b>	